‘What matters to you?’ day
Report 2016

Ask what matters | Listen to what matters | Do what matters
Background

Over recent years, there has been a growing movement in healthcare that is focused around the shift of conversations from ‘What’s the matter with you?’ to ‘What matters to you?’ The aim of this shift is to support the development of high quality compassionate support, care or treatment focused on what people really want and need. Recent changes that demonstrate the convergent development of this movement include:

- health and social care integration
- evolving Our Voice policy framework and initiatives, and
- stated intent in the recent Chief Medical Officer’s report to ‘change the outdated “doctor knows best” culture to one where both parties can combine their expertise and be more comfortable in sharing the power and responsibility of decision-making’.

Scotland has been leading the way with innovative work to develop reliable ways to find out what matters to people and using this information to help them lead the type of life they want to lead. This has taken a variety of different forms that includes a range of personal outcomes approaches, such as ‘Talking Points’ in social care, and person-centred approaches such as ‘What matters to you?’ posters and whiteboards used in some hospitals. Despite these developments, progress has been slower than hoped for – a pattern that is repeated in other developed western health and social care systems.

Early in 2016, healthcare colleagues from Norway shared their experiences of similar challenges and how they had initiated a national ‘What matters to you?’ day to raise awareness and encourage change. After hearing about the success of the Norwegian campaign, Healthcare Improvement Scotland and the Scottish Government person-centred care team decided to test this in Scotland.

It was recognised that there is lots of existing work going on all over Scotland to support more relationship-focused ways of working, and it was important to find a way to connect these different strands and raise the profile of person-centred care through ‘What matters to you?’ day. To achieve this, the day would encourage more meaningful conversations between those who provide care, and the people, families and carers they support. It would also inspire those working in health and social care organisations to ask the people they care for or support about what is important to them and to act on that response.

In addition, the day would help connect related person-centred work across health and

---

1 Legislation to implement health and social care integration that was passed by the Scottish Parliament in February 2014 and came into force on April 1, 2016. http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration
2 Our Voice is based on a vision where everyone is given the power to influence how Scotland’s health and social care is run. This includes those who use it, organisations, carers and members of the public. https://ourvoice.scot/
social care in the first instance, but also with an eye to the wider public sector and beyond.

**Introduction**

In association with Norway’s campaign, ‘What matters to you?’ day was held for the first time in Scotland on Monday 6 June 2016.

This summary report outlines the approach undertaken by the national working group, the participation and activities carried out for ‘What matters to you?’ day, the impact of these activities and the working group’s learning and reflections on the approach taken to ‘What matters to you? day in 2016.

**Approach**

The work towards organising Scotland’s ‘What matters to you?’ day began in March 2016 with the formation of a small working group of people that included members of the public, representatives from Scottish Government person-centred care team, Healthcare Improvement Scotland, NHS boards, and the Health and Social Care Alliance Scotland (the ALLIANCE) (see Appendix 1).

This group and their wider networks developed a range of resources to support local activities which included posters, leaflets, badges and stickers (see Appendix 2 for costs). The group decided from the outset that an ‘open source’ approach would be taken to these materials, encouraging participants to use and adapt them to meet their own local needs if they wished. It was felt that this approach would encourage creativity and innovation that the group in turn could learn from and share more widely.

The range of communication methods used made sure that ‘What matters to you?’ day was communicated widely and was undoubtedly responsible for the interest across the world (see Figure 1 on page 4). These methods included direct email invitation, Twitter campaign (using hashtag: #wmtty16) and a website (www.whatmatterstoyou.scot). The website aimed to provide information about ‘What matters to you?’ day and its purpose. It also provided access to registration, downloading and ordering of resources.

Both physical and electronic resources were distributed to those who registered their interest in ‘What matters to you?’ day. Access to the electronic images and resources allowed individuals and teams to go on to develop a range of additional resources tailored for their local area, such as T-shirts, banners and balloons.

The hashtag was included in Twitter campaigns hosted by Healthcare Improvement Scotland, Scottish Government and the ALLIANCE, promoting the day ahead of 6 June.

**Participation**

Between 1 April and 12 July 2016, a total of 527 teams from across Scotland registered to participate in ‘What matters to you?’ day activities. There were also 48 registrations from
teams who planned to participate in 13 other countries across the world, 24 of which were within the rest of the United Kingdom. The locations of participants can be seen on the map in Figure 1. Please note that the sizes of the symbols are not proportionate to the number of registrations.

Within Scotland, a range of different organisations and professions participated, the majority being within territorial NHS boards. The types of organisation participating can be seen in Figure 2 below.
Promotion of ‘What matters to you?’ day was undertaken using traditional, formal channels which included information being provided to health and social care chief executives, executive nurse directors, public involvement and engagement leads across Scotland, local authorities, and third sector partners such as the ALLIANCE. There was also a strong focus on using more organic methods by tapping into social media networks and development of a simple website, as well as using email and word of mouth.

Using the hashtag, #wmty16, there was wide spread activity on Twitter which reached more than 21 million Twitter accounts worldwide, as shown in Figure 3, participants shared photos, feedback and their opinions of the day (a selection of these are shown in Figure 4).

Figure 3: #wmty16 Twitter activity examples

![Twitter activity examples](image1.png)

![Twitter activity examples](image2.png)

![Twitter activity examples](image3.png)
‘What matters to you?’ day picture wall

The picture wall below shows a small selection of activities undertaken on the day by participants.
Feedback

Following ‘What matters to you?’ day, participants were asked to share their feedback around activities and the outcomes of the conversations that took place. The following information summarises the 153 feedback responses (27% of total registrations) received with regard to each broad reflective question asked of participants.

1. Who did you speak to?

Although the majority (79%) of the people who shared their feedback told us they held conversations with people they cared for, families and carers, we noted that people also saw value in holding these conversations with colleagues and staff members (13%) as shown in Figure 5. We were told that this supported them to understand each other and learn more about what matters around workplace relationships. Please note that 23 participants held conversations with more than one of the categorised groups seen in figure 5.

Figure 5: who did you speak to?

2. How did it feel to participate?

Participants were asked to let us know how they felt about asking the question, ‘What matters to you?’ Those who initiated conversations reported a mix of feelings. Most people found conversations positive and a good experience, however others found them difficult and frustrating. The words used by participants are illustrated in the word cloud at Figure 6.

Figure 6: how did it feel to participate?
3. What will you do differently, if anything, after your ‘What matters to you?’ day experience?

Those participants who provided feedback outlined the ways in which their ‘What matters to you?’ conversations will change the way in which they approach person-centred care in the future. Themed responses can be seen in Figure 7.

Figure 7: what will you do differently, if anything, after your ‘What matters to you?’ day experience?

A range of examples of how people plan to incorporate their experience of ‘What matters to you?’ day into their daily working practices were given and a small selection of these are outlined below.

- “We have two concrete actions: 1) an improvement project that will explore better ways to ask the ‘What matters to you?’ question and to initiate meaningful conversations. 2) one of our hospitals is including a ‘new vital sign’ in their daily goals board at patients’ rooms.”
- “I would like to incorporate the ‘What matters to you?’ term into our daily safety brief. I will think a little more about it with my team.”
- “It is now included as a question in our standard pro forma subjective examination form.”
- “Ask this question more often and at any early stage when developing relationships with new tenants.”
What difference has it made?

The following is a small selection of feedback received from participants outlining how taking part in the day and asking ‘What matters to you?’ has made a difference for them and for the people they care for.

Scotland

Christopher Quinn: Sensory Impairment Team, South Ayrshire Council

I spoke to a person with a hearing impairment who uses bilateral hearing aids.

I was initially addressing their initial referral request which was for a flashing doorbell kit. I then found out what he really wanted and that there was a current gap in his life. He felt left out when he was out with his friends.

I was demonstrating the use of a flashing doorbell when the person started to open up what he really would like help with. I used the ‘What matters to you?’ questions and through this I established he wanted to be able to have conversations with his friends on a one-to-one basis and in a group when he is out with them once a week.

I demonstrated and supplied him with a personal listener which he immediately tried out with his wife and that was exactly what he was looking for and he was delighted. I also got him to join a local lip reading class to support his hearing impairment.

The WMTY questions are easy question to ask, they are both clear and straight to the point.

Scotland

Susan Gallagher: Senior Charge Nurse, Care of the Elderly, NHS Greater Glasgow and Clyde

I spoke with the carer of a patient who has advanced dementia. The carer was the patient’s daughter, who appeared to be unhappy with some of the care being delivered to her mother. I felt apprehensive because I anticipated the daughter being very negative as she didn’t seem to be happy at all when she visited the ward.

The patient’s daughter began to open up when asked the ‘What matters to you?’ question and it transpired that she was frightened that her mum would choke during the night and there would be no one to help her as she was unable to press the nurse call system.

We decided to use the John’s campaign “Carers are welcome here” strategy and invited her to stay overnight with her mum. The lead nurse provided a fold-down bed. The daughter thanked me and said that she felt that someone was finally listening to her.

It turns out that having a conversation opened up the relative’s anxieties and the situation
was able to be resolved. She left us a lovely thank-you card when her mum was discharged to a care home.

Scotland

Learning Disability Team, NHS Greater Glasgow and Clyde

I spoke with the mother of an 18 year old boy who has Down’s syndrome – he has recently made the transition from school (and children’s services) to a day centre and adult services.

She discussed with me that she felt that it was important that she remains a big part of her son’s care. Although he is 18, he has the mindset of a younger man and still looks to his mother for comfort. Her biggest fear would be if he was told that this was not appropriate.

We discussed how now that he attends the day centre, he would be encouraged to make appropriate relationships (no cuddling, only handshakes etc) but that he would be encouraged to keep his loving embraces for his mother. She seemed very pleased with this.

In contrast to this, she also discussed with me how it was important to her that his sleep pattern gets better again, as recently he has been up a lot through the night and she feels that as he is an adult now, she can’t tell him what to do.

I discussed with her that I would educate him around his sleep hygiene pattern and should the need arise will attend a GP appointment to have this reviewed.

We also discussed how it was important to her that he attended his day centre. She struggles with how much he misses his friends so when he is having a bad day, he refuses to get out of his bed and go to the centre. I discussed how I would create a storyboard for him which she can go over with him which will remind him about all the new friendships he has made at his day centre and also about the groups he attends through his centre at another centre within the area (where he sees some of his old friends from school). I asked Mum if she felt that it would be better to use actual pictures of him at his centre and she agreed that he would respond better to this. I then contacted his centre and clarified that this would be possible and they will supply photographs of him at the centre.

His mother was very happy with our discussion and the planned outcomes and thanked me for my help.

Scotland

Caroline Sime: Ardgowan Hospice and University of the West of Scotland

A patient in the in-patient unit at Ardgowan Hospice commented that by the time they got to their toast (which was served at the same time as their cereal), it was always cold, and they hated cold toast and always left it uneaten. On the back of this feedback, the catering team then changed their routine and would hand out the cereal and porridge first, then a short time later come round with toast so that it could be enjoyed hot.
Scotland

Jennifer Rogers: Chief Nurse, Paediatrics and Neonates, NHS Greater Glasgow and Clyde

Staff in the Emergency Department (ED) asked ‘what matters to you?’ of all 165 patients that arrived on ‘What matters to you?’ day. They quickly realised that what mattered for children using the ED waiting room became different over time. For example a lot of children in the waiting room when first asked were just so sore they wanted their pain to go away, so staff decided to ask them at three points in their ED journey. First at triage, an hour or so later, then at discharge or admission.

Feedback received on the day has helped to change the processes in ED and now staff give medications in a small anti room rather than the waiting room and children have access to age appropriate toys at the right time.

Taking part in the day has really changed the practice in ED. All staff are now involved in finding out what matters to children and ask around 200 kids coming through ED every day what matters to them....

Scotland

Alma Rae: Podiatry Possilpark Health Centre

We spoke to a number of patients over the weeks leading up to ‘What matters to you?’ day. At first, it felt quite awkward as we are not used to as a profession asking such a personal question. However, this very quickly became much easier as patients were accepting the help and opening up on a 1:1 basis.

We were able to help so many patients by signposting them to other services that could assist them with the things that mattered to them. We put a folder in place with various leaflets / phone numbers / website address’ etc which we could refer to.

We were quite overwhelmed by the stories that patients would share – things they said they would not trouble their doctor with. In a number of cases it was things they should be troubling their doctor with as they would have benefited from counselling services etc.
I learnt that it is important to ask the question “What matters to you?” and that brief interventions have a place within our clinical setting.

Scotland

Lia Guest: Occupational Therapist, NHS Borders

Who did you talk to?
I spoke with the daughter of one of the patients in our ward (who is also a part time carer for her) about her discharge from hospital. The patient was elderly and has dementia and cancer. I carried out a visit to her home (an environmental visit) with her daughter present and we discussed what mattered to her. Her focus was on where her mother spent the next period of her life (as she has increasing care needs). The patient herself was unable to clearly voice her opinions and wishes so her daughter was advocating her wishes for her.

How did it feel?
It felt like it was helpful for both parties to have this discussion and the daughter reported to another team member afterwards that the visit was very useful and that she felt she had been listened to, and her mother’s wishes passed on.

What happened?
I visited the patient’s home and we discussed possibilities for discharge destinations and, together, weighed up the pros and cons of home or residential home, in relation to quality of life for the patient and her family. We had an honest discussion about the practical matters which would affect the decision.

The patient’s daughter felt that her mother would want to return home, however with increasing care needs this would be complex to organise (although ultimately a safe option). We discussed how the practical issues creating a barrier to her returning home could be overcome and also about how the family could feel about the increasing burden of care on them.

What did you learn?
The overwhelming focus was on how important it had been to the patient (when able to voice her opinions) to stay at home and not go into residential care. The family were worried this would not be understood by health professionals as she was now unable to communicate this herself. This discussion provided a time for this to be spoken about and allowed a clear goal to be set in terms of discharge destination, which ultimately is more a person-focused outcome than health professionals making the decision and then telling the family their recommendation.

What will you do differently, if anything, after your ‘What matters to you?’ day experience?
I feel I have these types of conversation regularly with patients, as an Occupational Therapist we are holistically focused and therefore tend to have a very person-centred approach in our work usually anyway. However, with increasing demands on the services I have worked in there are times when it is easy for these conversations to go unspoken. I will make a point now of having these types of conversation with all my patients, a simple
‘What matters to you?’ is very easy to do, and can make a big change to the lives of those we work with.

A great easy to action initiative 😊

Scotland

Yvonne Telfer: Senior Health Promotions Officer, NHS Fife

All the children are asked on admission what matters to them. The nurses listen and then this invaluable information about what is important to the family and child is then captured on white boards above the patient’s bed. Further information is captured on discharge on a written feedback form about what mattered to them during their stay.

Examples are around specific choices around lighting, music, DVDs, blankets and how certain children like to be approached for example, "Please speak to me before you touch me" was the request by one young child on being asked what was important to her.

Following on from many of these conversations, the nurses on this children's ward acted on the information shared (examples below).

Menus

Alongside the catering department at Victoria Hospital, Sharon Lappin, Senior Staff Nurse and Carlene Gardner and Stephanie Carr, Nursing Auxiliaries, decided to create a menu that was suited to the complex medical requirements and special needs of children in their ward.

This menu has 43 options and each choice is represented separately with a pictorial card which makes it easier for some children to actively take part in their own food choices. There are also pictures for special food allergies such as gluten free.

This has resulted in happier children who are empowered to make their own food choices and parents who feel that the individual needs of their child are been taken into account.

This can allow parents to relax and sometimes to go home to get some much needed rest and have more energy to be there for their child. The new menu has resulted in next to no complaints about the food, rather, these menus have resulted in compliments about the extraordinary level of choice offered to the children and how happy they are to be involved and be fed what they want to eat.

Whiteboards

The whiteboards above the beds have also been used to help with aspects of safety. For example, a patient who is having a tracheostomy will have the trachy size, suction catheter size and how far to suction, can all be put on the board so that staff can respond quickly if in an emergency there is no time to read the notes.
There is an extra place to highlight any allergies.

The staff feel the benefit of these boards as well as they assist in the provision of a safe and patient/family centred care.

**Brazil**

**Associação Congregação de Santa Catarina (ACSC), working in education, social and healthcare**

Initially, staff were concerned about what could happen if they had an open dialogue with patients or families. They were afraid of receiving complaints or unachievable demands. Fear soon dissipated and was replaced by a strong determination to help patients have a better day. What matters to you conversations reinforced to staff their values, the reasons why they are healthcare workers and the power of empathy. June 6th was a joyful day for our staff! Below are two quotes that translate how staff felt.

“I was feeling insecure, not knowing exactly how to pose the WMTY question...I decided to share with the patient how I was feeling, he helped me and from that moment on we established a trusting and open relationship and conversation went smoothly.” (Marco Antonio, social worker, primary care facility, São Paulo)

“At first I felt disappointed, uncaring and insensitive. How could I have not noticed these needs before as hundreds of people passed through here, suffering the anxiety of being admitted to a hospital, intubated, having cannulas inserted in their veins, and not even knowing why? Or people spending sleepless nights when the solution was to let them use their home blanket. Very sad (...) But then, witnessing the small but consistent results - like the smile on a patients’ face after receiving a “good morning” from the care team or having egg for lunch instead of chicken; or listening that what mattered to another patient, was that there was love in our work environment – brought me joy and hope. There is still time to improve.” (Marcelo Anacleto, nurse manager, hospital, Espírito Santo)

Most of the time, staff were able to help patients have a good day. We were able to identify five common themes, representing big categories of what matters to patients in our system. The list below is in decreasing order of frequency.

1. Being with family/friends; solidarity and faith.
2. Empathy and good interpersonal relationship with healthcare professionals: it is amazing how powerful a simple “good morning” or smile can have!
3. Pets.
4. Meals: I was surprised by our inability to take into account our patients’ food preferences. Why do we assume we know what they like to eat?

5. Personal care (hair, makeup, bathing): simple details that can make the person feel better about his/herself.

**Conversation cafes**

Two conversation cafes were held on 30 and 31 August in Glasgow and Edinburgh respectively. The aim of these events was to firstly provide a different and meaningful way to engage and capture feedback from people who had been touched by this initiative, to provide an opportunity to gain insights into how it has influenced care or support, and finally to help shape how ‘What matters to you?’ day could be coordinated if repeated.

During the conversation cafes, attendees shared their experiences of asking, or being asked ‘What matters to you?’ They also provided feedback as to how the day should be shaped next year. The key themes that emerged during discussions are as below.

- Planning
- involving staff
- involving people
- leadership
- learning from impact, and
- feedback.

Participants also provided suggestions for future ‘What matters to you?’ days, these included:

- share examples from 2016 activities, such as: best practice, case studies and patient stories
- provide opportunities to discuss and hear other people’s stories about their experiences of ‘What matters to you?’ conversations
- publicise well ahead of 6 June using a range of methods
- provide more resources for 2017, ensuring that they are all easy read
- build an awareness of ‘What matters to you?’ day so that being asked is not a surprise, and
- offer a range of ways to provide feedback such as: postcards, facebook, surveymonkey, storyboards, storify, selfies, case studies, elevator pitch, picture boards, images, and one page summaries.

**Learning and reflections**

The following sections summarises the learning from this year’s activities and outlines some opportunities for development of future ‘What matters to you?’ days.
Participation and reach

As the majority of engagement in ‘What matters to you?’ day was with healthcare organisations, consideration will be given to widening the reach of the initiative to more social care and community organisations as well as the wider public sector. To achieve this, there will be:

- a longer lead in time for the 2017 day that will begin in autumn 2016
- development of feedback from 2016 into case studies to engage and enthuse future participants
- additional connections made with policy teams, provider organisations, membership bodies, regulatory bodies and informal networks in social care such as:
  - self-directed support and carer rights team in Scottish Government
  - Care Inspectorate
  - Scottish Social Services Council
  - Convention of Scottish Local Authorities (COSLA)
  - Coalition of Care and Support Providers Scotland (CCPS)
  - Scottish Care
  - third sector organisations such as MacMillan Cancer Support and British Heart Foundation
  - Personal Outcomes Collaborative Network
  - wider work in the Living Well in Communities portfolio led by Healthcare Improvement Scotland, and
  - national improvement initiatives such as the Scottish Patient Safety Programme.

People

Discussions at the conversation cafes highlighted the importance of allowing people the time to reflect on the conversations they had and any changes made as a result. The conversation cafes were valued by participants and allowed them to share their experiences with others and reflect on how this could shape practice as well as the day next year.

Staff

Consideration will be given to how we support staff to ask ‘What matters to you?’ Key to this will be to ensure that staff understand the purpose of asking the question in terms of designing care and providing support that focuses on the outcomes that are important to the individual rather than the service.

The 2016 activities encouraged people working in health and social care to ask the people they were supporting or caring for what matters to them. Feedback received suggests that
some people found it difficult to ask the question in different ways and also lacked the confidence or ability to respond to the information given. Therefore, in 2017, we will consider how to support participants to be creative in the way they initiate the conversation and to act effectively to meet individuals’ needs.

**Focus on the ‘So what?’**

The 2016 ‘What matters to you?’ day aimed to inspire people and teams that work within health and social care organisations to ask the people they care for or support about what’s important to them and to act on that response. Much of the feedback received focused on relationship building and improved communication. To generate more in-depth feedback around the impact of acting on what was heard, an emphasis will be placed in 2017 on looking at ‘What changed as a result?’ Such responses would allow teams to focus on the individuals’ perspective and look at:

- the outcomes of having and acting on the conversations
- lessons learnt, and
- potential for sharing this learning beyond the immediate point of care.

**Evaluation**

A developmental approach to evaluation will be used following ‘What matters to you?’ day 2017 due to the complex environments and interacting and interdependent elements in which the conversations will take place.

**Conclusion**

The reach and engagement of the 2016 ‘What matters to you?’ day demonstrates that there is an appetite within health, social care and other areas of the public sector and wider society, to connect with work and people in a deeper more meaningful way.

As well as stimulating improvements, ‘What matters to you?’ day has also helped to identify some of the cultural and organisational barriers that can inhibit a person-centred focus. The most powerful impact of this initiative seems to have been the role it has in creating conditions for people to connect with their intrinsic motivation and values and would seem to have a role to play in taking this agenda forward.

Using this approach has demonstrated that diverse groups of people working across a range of sectors and improvement activities can be connected and supported to use creative and innovative ways to deliver high quality compassionate care.

It is recognised that things need to be done differently in order to find new ways to provide care and support that meets the needs of people in the 21st century and beyond. ‘What matters to you?’ day has shown that diverse communities of people working to provide care and support can be connected across Scotland, and indeed the world, to work together and discover creative ways to connect with people, to understand what matters to them and to help them lead a fulfilling life focused on these things.
## Appendix 1: ‘What matters to you?’ day 2016 working group members

<table>
<thead>
<tr>
<th>Group member</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret Anderson</td>
<td>Public Partner</td>
</tr>
<tr>
<td>Claire Curtis</td>
<td>Associate Improvement Advisor, Person-centred Health and Care</td>
</tr>
<tr>
<td></td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Victoria Edmond</td>
<td>Senior Communications Officer, Scottish Patient Safety Programme</td>
</tr>
<tr>
<td></td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Diane Graham</td>
<td>Improvement Advisor, Person-centred Health and Care</td>
</tr>
<tr>
<td></td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Elaine Hunter</td>
<td>Administration Officer, Person-centred Health and Care</td>
</tr>
<tr>
<td></td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Shaun Maher</td>
<td>Strategic Advisor</td>
</tr>
<tr>
<td></td>
<td>Scottish Government</td>
</tr>
<tr>
<td>Geraldine Marsh</td>
<td>Improvement Advisor, Older People’s Care</td>
</tr>
<tr>
<td></td>
<td>NHS Greater Glasgow and Clyde, and Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Margaret Graham McDonald</td>
<td>Public Partner</td>
</tr>
<tr>
<td>Benjamin McElwee</td>
<td>Policy Support Officer</td>
</tr>
<tr>
<td></td>
<td>Health and Social Care Alliance Scotland</td>
</tr>
<tr>
<td>Jennifer Rogers</td>
<td>Chief Nurse, Paediatrics and Neonates</td>
</tr>
<tr>
<td></td>
<td>NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>Claire Scrim</td>
<td>Senior Project Officer</td>
</tr>
<tr>
<td></td>
<td>Person-centred Health and Care</td>
</tr>
<tr>
<td></td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Susan Siegel</td>
<td>Public Partner</td>
</tr>
</tbody>
</table>
Appendix 2: ‘What matters to you?’ day 2016 costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Website</strong></td>
<td></td>
</tr>
<tr>
<td>Campaign graphics and design</td>
<td>£2389</td>
</tr>
<tr>
<td>Domain registration</td>
<td>£167.96</td>
</tr>
<tr>
<td>Hosting</td>
<td>£720</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£3276.96</strong></td>
</tr>
<tr>
<td><strong>Promotion materials</strong></td>
<td></td>
</tr>
<tr>
<td>Leaflets and posters</td>
<td>£348</td>
</tr>
<tr>
<td>Badges</td>
<td>£2709</td>
</tr>
<tr>
<td>Stickers</td>
<td>£2208</td>
</tr>
<tr>
<td>Design</td>
<td>In-house</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£5265</strong></td>
</tr>
<tr>
<td><strong>Postage</strong></td>
<td></td>
</tr>
<tr>
<td>Badges, posters and stickers</td>
<td>£1194.23</td>
</tr>
<tr>
<td>Envelopes</td>
<td>£62.68</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£1256.91</strong></td>
</tr>
<tr>
<td><strong>Conversation cafés</strong></td>
<td></td>
</tr>
<tr>
<td>Glasgow</td>
<td>£333.50</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>£395</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£728.50</strong></td>
</tr>
<tr>
<td><strong>Overall total cost</strong></td>
<td><strong>£10527.37</strong></td>
</tr>
</tbody>
</table>